



INSTRUCTIONS FOR COMPLETING THE
**APPLICATION TO CONDUCT A COSMETOLOGY,
BARBERING, ESTHETICS AND/OR MANICURING SCHOOL**

1. Complete the application for licensure enclosed.
2. Attach copies of all information referenced and required in RCW 18.16.140 and WAC 308-20-040.
3. Complete the Cosmetology, Barbering, Esthetics and/or Manicuring School Tuition Certification enclosed.
4. Complete the Surety Bond enclosed.
5. Complete the Cosmetology, Barbering, Esthetics and/or Manicuring School Data Sheet enclosed.
6. Attach the appropriate licensing fee, made payable to the Washington State Treasurer.
7. Return the completed application, supporting documents, and licensing fee to:

**DEPARTMENT OF LICENSING
BUSINESS AND PROFESSIONS DIVISION
COSMETOLOGY SECTION
PO BOX 9048
OLYMPIA WA 98507-9048
(360) 664-6626
www.dol.wa.gov/plss/cosfront.htm**



APPLICATION FOR A

**LICENSE TO CONDUCT A COSMETOLOGY, BARBERING,
ESTHETICS AND/OR MANICURING SCHOOL**

FOR VALIDATION ONLY

FEE: \$175.00

SCHOOL 001-070-209-0003

**Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048**

BUSINESS INFORMATION

NAME OF SCHOOL		APPLICANT NAME (Owner or Responsible Person)
MAILING ADDRESS (Street, City, State, Zip)		
PHYSICAL ADDRESS (Street, City, State, Zip)		
TELEPHONE NO. ()	WASHINGTON CORPORATION NO. (If Applicable)	WASHINGTON REVENUE TAX NO. (UBI)
TYPE OF BUSINESS (Check One) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <i>If you checked Partnership or Corporation, please attach a copy of the partnership agreement or the current corporation document</i>		
TYPE OF TRAINING TO BE OFFERED AT SCHOOL FACILITY (Check All That Apply) <input type="checkbox"/> Cosmetology <input type="checkbox"/> Barbering <input type="checkbox"/> Manicuring <input type="checkbox"/> Esthetics <input type="checkbox"/> Instructor		

AUTHORIZED OWNERS / MANAGERS / INSTRUCTORS

Name: Last	First	Middle	Title	Address

FOR OFFICE USE ONLY	CERT DATE
	CERT NO.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360)664-6626 or TTY (360)664-8885.

APPLICANT PERSONAL DATA

1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years? ☐ Yes ☐ No
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? ☐ Yes ☐ No
3. Has any professional or occupational license, certification or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ Yes ☐ No
4. Have you ever had a civil court order, verdict, or judgement entered against you in any court of competent jurisdiction in this state, any other state, the federal government, or any other jurisdiction? ☐ Yes ☐ No

Please attach a letter of explanation for any affirmative answers to the above questions, including charge(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.

AFFIDAVIT

I, _____ being first duly sworn, depose and say that I am the responsible professional and that I am authorized to sign for the partnership or corporation (if applicable), and that all professional instructor's hired by me shall be properly licensed.

I have carefully read the questions in the foregoing application and have answered them completely, and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of a license to conduct a school of cosmetology, barbering, esthetics and/or manicuring in the state of Washington.

X_____
SIGNATURE OF APPLICANT OR RESPONSIBLE PERSON_____
DATE_____
CITY_____
STATE

***Upon Filing, This Application Becomes A Public Record And Is
Subject To Public Disclosure Provisions Pursuant To RCW 42.17.***